



ca
partnership
to improve
dementia care



Partnership for Improved Dementia Care:

Requirements for New Staff Orientation and Dementia Care Training Toolkit

Hosting today's Conversation:

- Meredith Chillemi, Director of Regulatory Affairs
 - LeadingAge California
 - mchillemi@leadingageca.org
- Brenda Klütz, Policy Advisor
 - LeadingAge California
 - Brenda@brklutzconsultingllc.com



Today's Webinar will Cover:



The importance of new staff orientation



Federal and State Requirements related to new staff orientation



Walk-through the New Staff Orientation Training Toolkit

*Nationally, approximately 50% of skilled nursing facility residents have a diagnosis of Alzheimer's Disease or other Dementias.

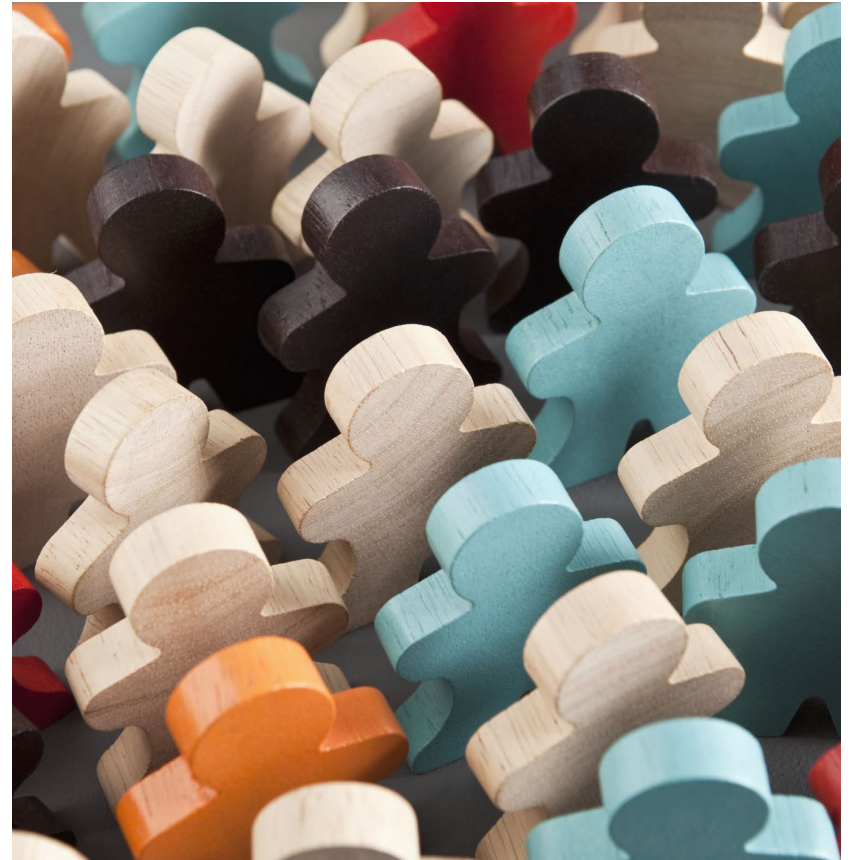
*Your Community may have a higher or lower percentage of residents with dementias.

*Direct care staff will need to be aware of the effects, manifestations, and best practices to care for residents with dementias.



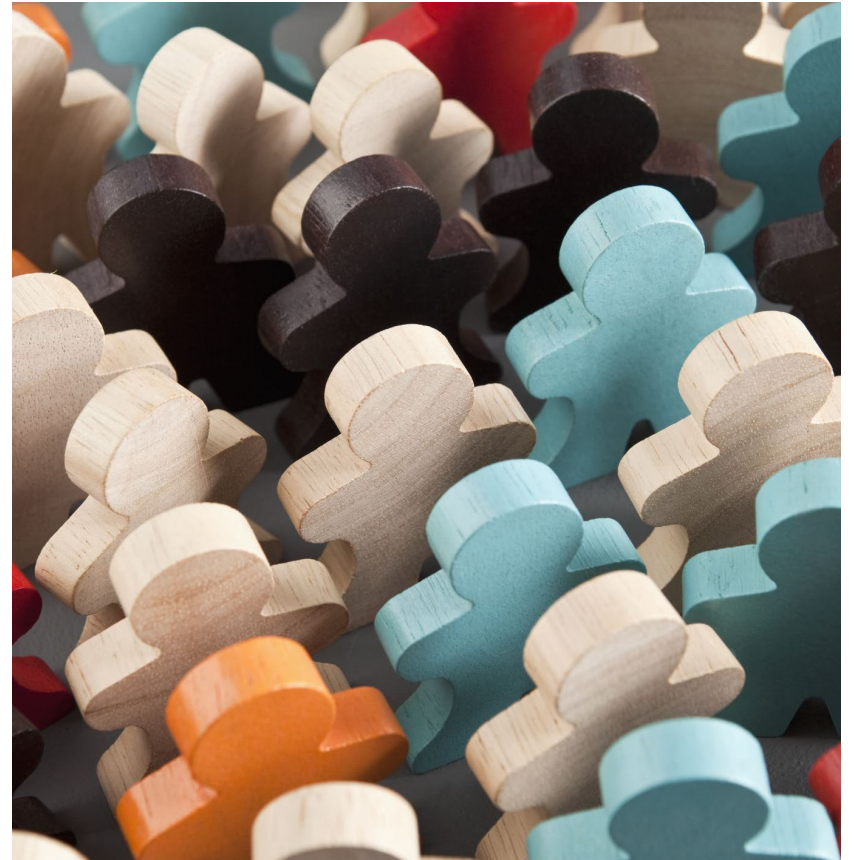
Importance of New Staff Orientation

- New staff orientation/training introduces new staff to your community, and the residents who reside in your community.
- Orientation training invites new hires to learn about residents, programs and services provided, policies and procedures, and overall expectations that you have of all staff.



Importance of New Staff Orientation

- In addition to the general orientation to your community, both federal and state laws and regulations, community standards of care, and best practices reinforce the need for targeted training on person-centered care for residents and patients with a dementia diagnosis.
- Some staffs may not have previous experience caring for persons with dementia and need to learn about the diseases and the community of care from the perspective of the resident.

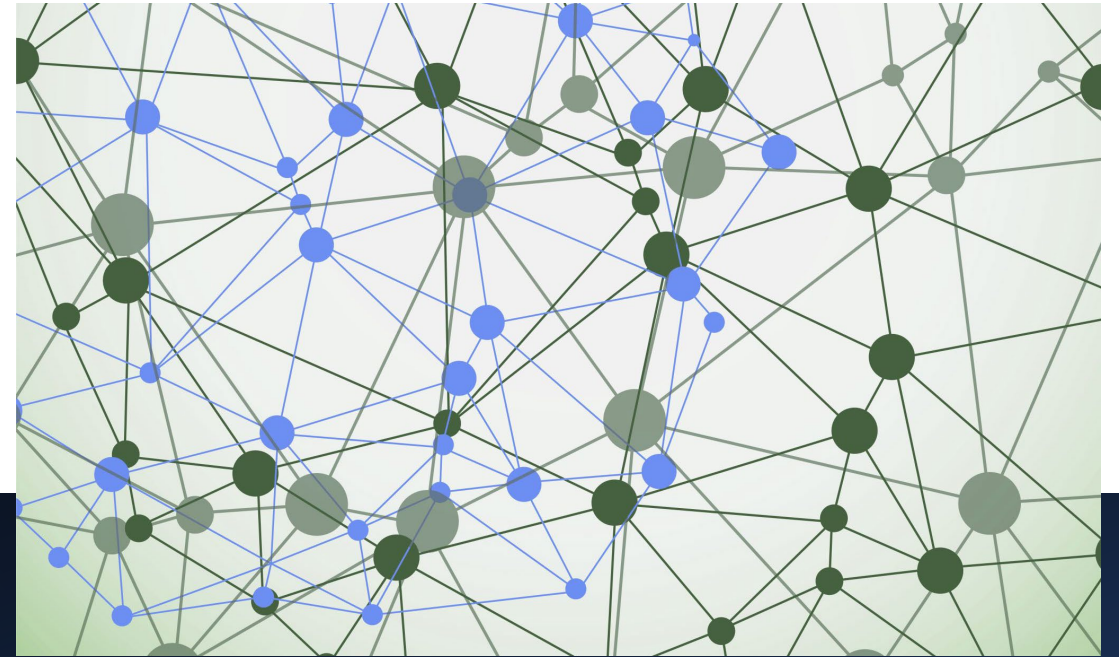


New Staff Orientation is important in other care settings:



- Employees of a hospice agency when a SNF resident has elected hospice care. [SNF & RCFE]
- Employees of a home health agency when a resident is receiving home health care [RCFE]

What are the federal and/or state SNF requirements for new staff orientation related to dementia care?



Federal New Staff Orientation Requirements for Skilled Nursing Facilities

- State Operations Manual, Appendix PP mentions orientation training as a part of the process to determine if there are deficient practices:
 - If there is an alleged incident surveyors are instructed to consider [When he/she may have last received orientation](#), training, in-service, and/or notification regarding the reporting of suspected crimes
 - [Review of In-service Training/Orientation Records](#) - Obtain and review documentation of training to determine whether covered individuals were notified annually of their responsibility in a language that the individual would understand to report allegations of suspected crimes against residents and individuals receiving care from the facility.
 - Regarding the [facility's obligation to provide orientation to hospice staff](#) - Ensuring that the LTC facility staff provides orientation in the policies and procedures of the facility, including patient rights, appropriate forms, and record keeping requirements, to hospice staff furnishing care to LTC residents. [42 CFR 483.70 (o)(3)(v).

Federal New Staff Orientation Requirements for Skilled Nursing Facilities

- Under the federal standards related to Compliance and Ethics [42 CFR 483.85 – F-895], require facilities to effectively communicate the P&Ps regarding C&E to staff, consultants, volunteers, etc. through multiple means, [including orientation](#).
- The federal standards also require facilities to provide [staff orientation and training](#) on the prohibition of all forms of abuse, neglect, and exploitation prohibition. [42 CFR 483.95(c)]
- Temporary staffing agencies are used, and facilities should have processes in place to [provide orientation](#), or medical or care plan information for the temporary staff regarding the individual resident’s needs on the unit to which the temporary employee is assigned. [mentioned in the context of determining if resident was neglected – 42 CFR 483.5]
- Note: T-22, §72511 Use of Outside Resources requires written documentation on the terms and conditions of providing specific services, including training – but does not mention “orientation”.

CA New Staff Orientation Requirements for Skilled Nursing Facilities

While a minimum number of training hours on Alzheimers' and Related Dementias are required in a C.N.A. Training program, required new staff orientation does not specify that new staff orientation must include training on dementia care.

CNA Training Program must Include:

- 2 of the 60 hours of classroom training must be on meeting the special needs of residents with Alzheimers' and related dementias.
- 4 of the 100 hours of supervised clinical training must include special needs of persons with developmental and mental disorders, including intellectual disability, cerebral palsy, epilepsy, Alzheimer's disease and related dementias, and Parkinson's disease.

CA New Staff Orientation Requirements for Skilled Nursing Facilities

- **Health and Safety Code §1337.1(b)(4)** requires 16 hours of orientation w/in first 40 hours of employment required for NA and – *but does not specify that the training include care for residents with a dementia diagnosis.*
- Must have 8 hours of the 16 hours orientation prior to direct resident care.
- **T-22, §72517. (e) Staff Development.** Each facility shall have a written orientation program for all newly hired employees. Each employee shall receive orientation to the facility, the employee's job description and duties, the patient population, the pertinent policies and procedures and the facility staff.

CA New Staff Orientation Requirements for Skilled Nursing Facilities

T-22, §72521. Administrative Policies and Procedures.

(c) Each facility shall establish at least the following:

(B) **Employee orientation** to facility, job, patient population, policies, procedures and staff.

T-22, §72523. Patient Care Policies and Procedures.

(c) Each facility shall establish and implement policies and procedures, including but not limited to:

(1) Physician services policies and procedures which include:

(A) **Orientation of new physicians to the facility and changes in physician services and/or policies.**

T-22, §72533. (a) Employee Personnel Records. Each facility shall maintain current complete and accurate personnel records for all employees.

(1) The record shall include:

(H) **Documented evidence of orientation to the facility.**



What are the State RCFE Requirements for New Staff Orientation Related to Dementia Care?

New Staff Orientation Requirements for Residential Care Facilities for the Elderly [RCFE]

- **T-22, §87411. Personnel Requirements:** (c) All RCFE staff who assist residents with personal activities of daily living shall receive **initial** and annual training as specified in Health and Safety Code sections 1569.625 and 1569.69.
 - (3) The training shall include, but not be limited to, the following:
 - (F) Recognizing signs and symptoms of dementia in individuals.
- **T-22, §87412. Personnel Records.** (c) Licensees shall maintain in the personnel records verification of required staff training and orientation.
- (1) The following staff training and **orientation** shall be documented:
 - (A) For staff who assist with personal activities of daily living, there shall be documentation of at least ten hours of initial training within the first four weeks of employment, and at least four hours of training annually thereafter in one or more of the content areas as specified in Section 87411(c)(2).
 - (B) For staff who provide direct care to residents with dementia in a facility in which the licensee advertises dementia special care, programming, and/or environments, the licensee shall document the following:
 - 1. The orientation received as specified in Section 87707(a)(1).
 - 2. The in-service training received as specified in Section 87707(a)(2).

New Staff Orientation Requirements for Residential Care Facilities for the Elderly [RCFE]

T-22, §87707. Training Requirements If Advertising Dementia Special Care, Programming, and Environments.

(a)(1) Direct care staff shall complete six hours of orientation specific to the care of residents with dementia within the first four weeks of working in the facility.

(A) This orientation shall be repeated if either of the following occur:

1. An employee returns to work for the same licensee after a break in service of more than 180 consecutive calendar days; or
2. An employee goes to work for another licensee to provide dementia special care.

Note: Also contains requirements on content of records, qualification of instructors, etc.

New Staff Orientation Requirements for Residential Care Facilities for the Elderly [RCFE]

T-22, §87707. Training Requirements If Advertising Dementia Special Care, Programming, and Environments.

Note: While the following mandatory training is not required for orientation, there are ongoing training requirements for (B) This orientation shall be separate from other training and be exclusively on the care of residents with dementia.

(a)(2) Direct care staff shall complete at least eight hours of in-service training on the subject of serving residents with dementia within 12 months of working in the facility and in each succeeding 12-month period. Direct care staff hired as of July 3, 2004 shall complete the eight hours of in-service training within 12 months of that date and in each succeeding 12-month period.

(A) A minimum of two of the following training topics shall be covered annually, and all topics shall be covered within a three-year period:

1. Effects of medications on the behavior of residents with dementia;
2. Common problems, such as wandering, aggression, and inappropriate sexual behavior;
3. Positive therapeutic interventions and activities such as exercise, sensory stimulation, activities of daily living, and social, recreational and rehabilitative activities;
4. Communication skills (resident/staff relations);
5. Promoting resident dignity, independence, individuality, privacy and choice; and
6. End of life issues, including hospice.

What are the Federal and State Hospice Requirements for New Staff Orientation Related to Dementia Care?



Federal Requirements

There are no federal requirements for new staff orientation that specifically include dementia care. However, dementia training during orientation can be expected, depending on the diagnosis of the patient.

42 CFR 418.76(j) ...has successfully completed hospice orientation addressing the needs and concerns of patients and families coping with a terminal illness.

42 CFR 418.78(a) The hospice must maintain, document and provide volunteer orientation and training that is consistent with hospice industry standards.



§418.100(g)(2) - A hospice must provide an initial orientation for each employee that addresses the employee's specific job duties.

SOM, Appendix M instruction to surveyors includes:

...when selecting the sample size:

Include a variety of terminal diagnoses in the sample to assess the care and services provided to patients with a variety of diagnoses, including but not limited to: • Dementia

Use the following criteria for the active patient sample selection for both record review only as well as home visits to include patients who receive clinically complex services or treatments - Dementia care;

...when interviewing staff:

(For dementia terminal diagnosis) How has the hospice educated you on the death and dying process of a patient with dementia?

Federal Requirements



State Statutes do not mention any sort of staff training for hospice agencies, at all.

There are no state regulation for hospice agencies, but the “Standards for Quality Hospice Care” is adopted by reference, pending CDPH promulgating regulations.

CDPH is working on draft regulations, but efforts were sidelined during the pandemic.

State Requirements for Hospice Agencies



- **Standards for Quality Hospice Care**

Hospice staff and volunteers caring for hospice patients and families are required to have:

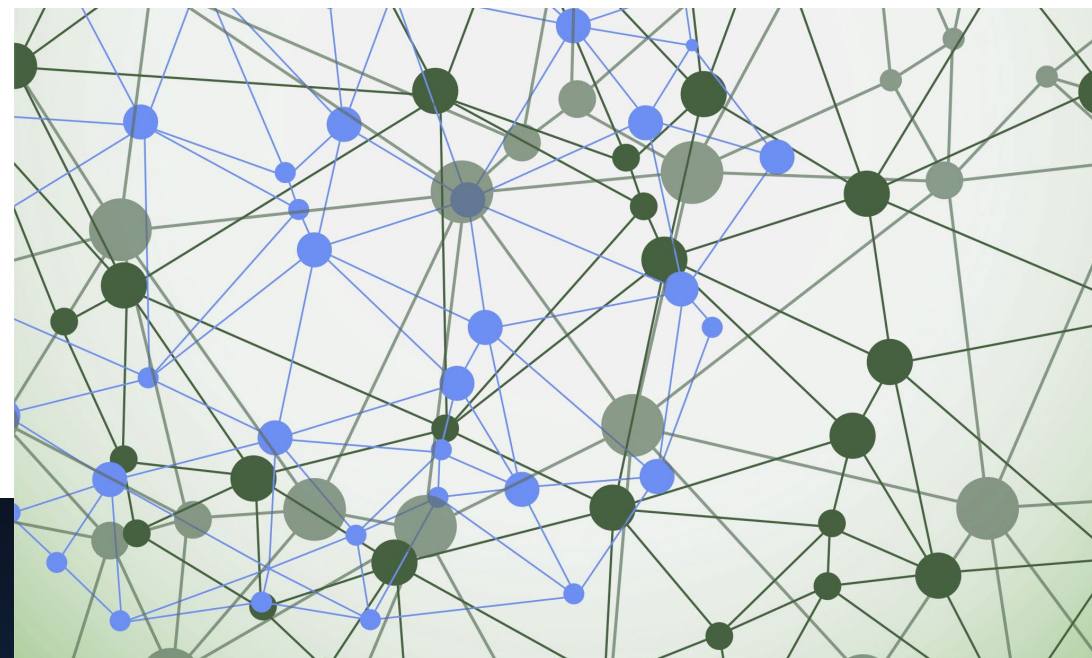
orientation and training appropriate to the care of the patient and his/her family. [5.4 Nursing; 5.5 Home Health Aide; 5.6 Social Work Services; and 5.8 Volunteers

Section 6.2 Policies. A. Administrative Policies j. Personnel policies shall include qualifications, responsibilities and conditions of employment. Policies shall be available to all personnel. Policies shall include but are not limited to: (2) Orientation and continuing in-service training.

State Requirements for Hospice Agencies

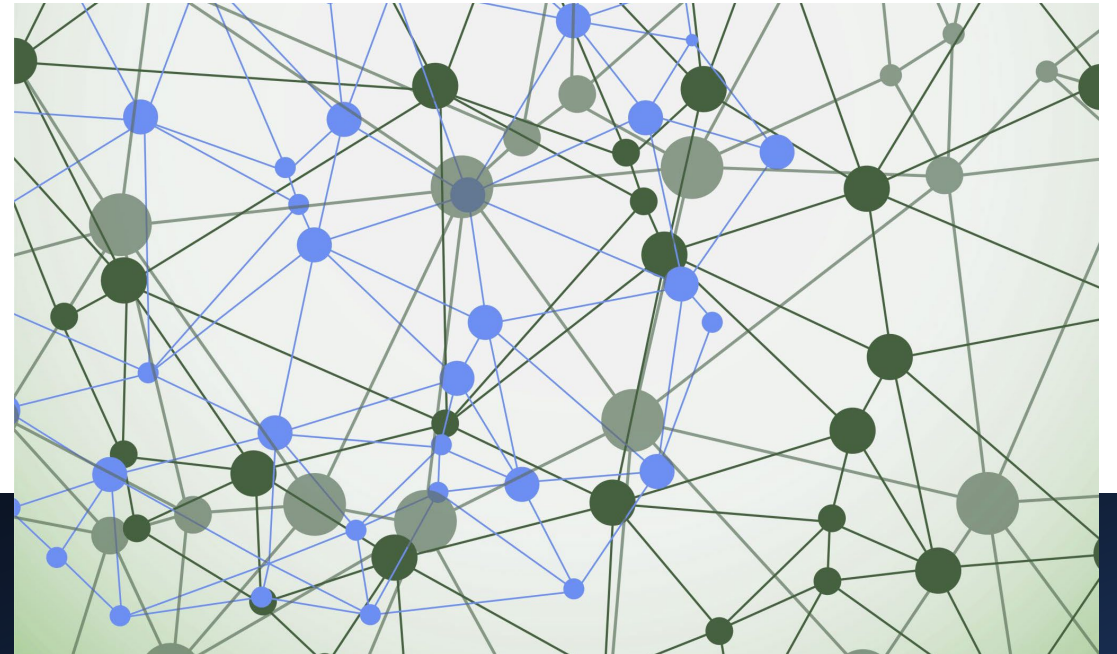


What are the Federal and State Home Health Agency Requirements for New Staff Orientation Related to Dementia Care?



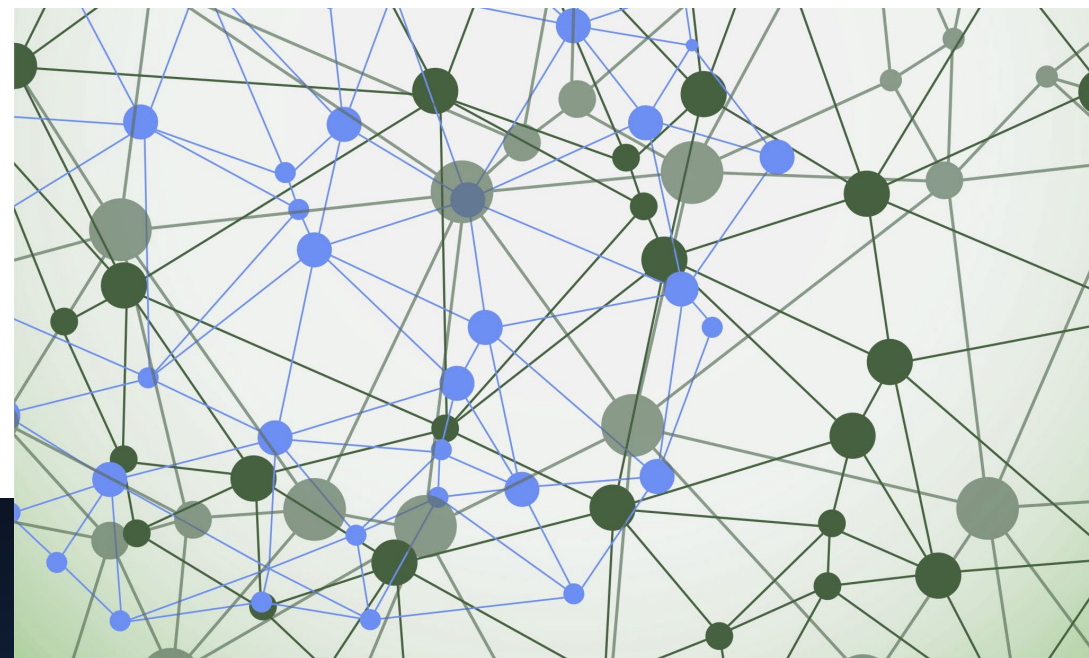
Federal Requirements of Participation do not specifically mention patients with a dementia diagnosis.

The only mention of orientation training is referencing infection control and this in the interpretive guidelines rather than the regulations themselves.



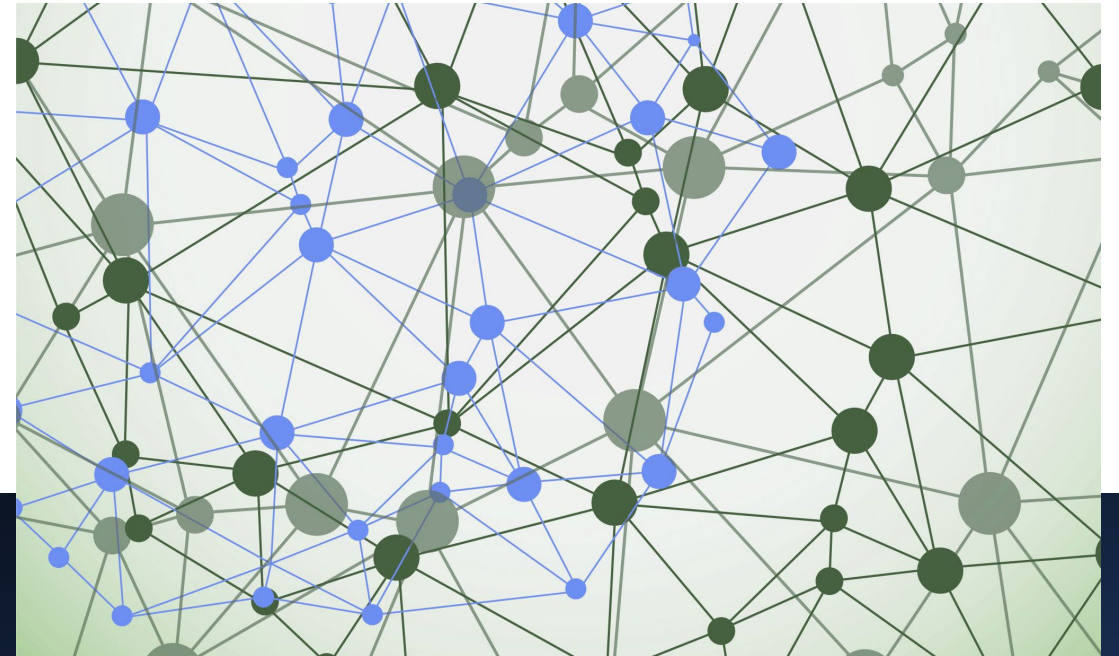
Under 42 CFR 484.115 – Personnel Qualifications. Speaks largely to experience, formal education and possession of specific licenses and/or certificates.

Even though the federal requirements of participation do not mention orientation training or care for patients with dementia, quality home health care would require the patient's care plan to reflect their diagnosis and best practices for direct care.



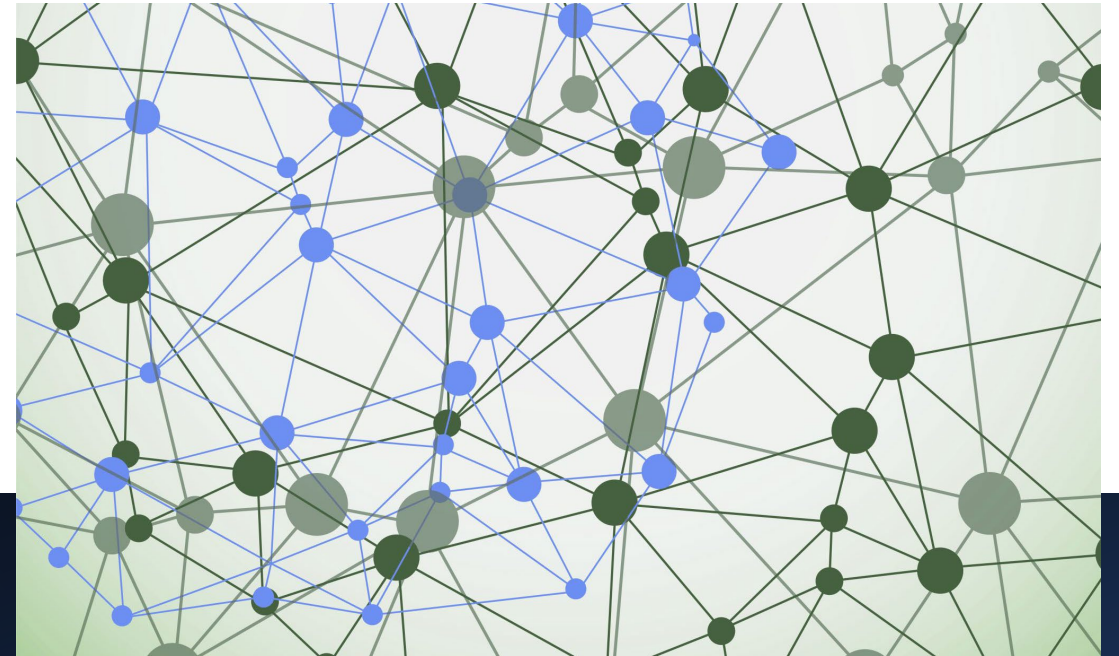
State Home Health Agency Statutes only reference training in the context of the home health aide training program and certification.


The statutes do not reference an orientation program for new staff, or requirements related to patients with a dementia diagnosis.



State regulations for home health agencies do not reference dementia care or new staff orientation training.

Title 22, §74718(a)(4) Administrator refers to the administrator's obligation to Employ qualified personnel and ensure adequate staff education and evaluation.






What are the State
ADHC/CBAS Requirements
for New Staff Orientation
Related to Dementia Care?



State licensing statutes for ADHCs do not mention new staff orientation for patients with dementia.

State licensing statutes do mention training related to dementia if an ADHC uses an egress control device for patients with dementia. [H&S §1584]

State ADHC Licensing Requirements




T-22, §78403. Plan of Operation. (a) Each center shall have a written plan of operation submitted with the license application and which shall be kept current.

(b) The plan shall include the following: (8) Policies and procedures for in-service training of employees and volunteers.

T-22, §78413. Employee Requirements. (d) A planned in-service education program, including [orientation](#), skill training and continuing education shall be provided for employees.

State ADHC Licensing Requirements



Those ADHCs seeking Medi-Cal reimbursement must be certified through the California Department of Aging, in accordance with the Department of Health Care Services requirements.

There are participant eligibility criteria that consider the stage of Alzheimer's Disease and other Dementias, but not for orientation for new staff.

State Medi-Cal Eligibility/Benefits Requirements for Community-Based Adult Services [CBAS]

Partnership for Improved Dementia Care New Staff Orientation Training Toolkit:

- **10 Training modules, videos, PPTs and other resources to help with New Staff Orientation Training on Dementia Care.**
- **Link:**

[California Partnership for Improved Dementia Care and Other Resources for Dementia Care \(leadingageca.org\)](http://leadingageca.org)



Understanding Dementias: Provide a basic understanding of what dementia is, what can appear as a dementia.

Understanding how Activities of Daily Living [ADLs] and Thinking Changes as Disease Progresses: Education on the disease process, including the progression of the disease, memory loss, psychiatric and behavioral symptoms.

Module 1: Understanding Dementias/How ADLs & Thinking Changes as Disease Progresses



Behavior as Communication: Symptom Anticipation, pain assessment, how residents with dementia might communicate needs discomfort, pain, hunger, sadness, thirst, or anxiety.

Module 2: Behavior as Communication



How personal care techniques might differ from care for other residents, including:

-Dental Care, Bathing, Toileting, Dressing, Medication administration [General Information about how changes in medication can affect cognition or abilities], and Ambulation.

Advantages of consistent assignment: Consistent Staff Assignment benefits all Residents, but particularly residents with a dementia diagnosis to provide the added comfort of familiar faces and routines.

Module 3: Personal Care for Residents with Dementias



Challenging Behaviors.

- Learn about “triggering” stimuli and de-escalating challenging behaviors through various techniques.
- Resident-to-resident aggression.

Practical Problem-solving Skills.

- How to respond to agitation and/or wandering, sundowning, rummaging, crying, and repetitive questioning.
- Understanding possible underlying causes.
- How to listen, speak, act, and react.
- Responses that may be counterproductive.

Module 4: Skills Development for Handling Challenging Behaviors/Practical Problem-Solving Skills.



Fundamentals of Person-Centered Care for individuals with dementia.

- Individual Resident Needs.
- Resident Choice
- Importance of getting to know each resident.
- Recognizing each resident as an individual with unique needs, wants, interests, experiences, joys, and sorrows, and how those are honored.

Module 5: Fundamentals of Person-Centered Care for Individuals with Dementias



Dining, Hydration and Nutrition.

- Learn about ensuring adequate nutrition and hydration.
- Techniques such as prompting, assistance with dining.
- Understand food choices and preferences.

Module 6: Food Service and Dementia [Importance of Choice]



Meaningful Activities and Meeting Social Needs.

- Learn about providing meaningful activities and orientation techniques for each person with dementias.
- Using music or other similar activities that are meaningful to each resident.

Module 7: Addressing the Social Needs of Persons with Dementia.



Communicating with Family, Friends, and Visitors.

- What to know when interacting with family members, friends, or other visitors.
- How to communicate information about the resident in relation to their dementia diagnosis.

Helpful Resources, Support and Training Available for Families and Friends

Module 8: Basic Skills/Information for Families & Visitors about Dementia.



Direct Staff Self-Care and ways of Coping with Stress.

Module 9: Stress-Coping Skills for Direct Care Staff



Includes:

- Comfort care for resident with memory loss.
- Sensory care during end-of-life.
- Decision-making and capacity

Module 10: Late-Stage Dementia/Palliative Care/End-of-Life.



The Toolkit also has links to other topics that apply to all residents such as:

- Depression and Dementia
- Resident Rights, Informed Consent, Sexuality and Promoting Dignity
- Elder Abuse Prevention, Investigation and Reporting

Other Topics

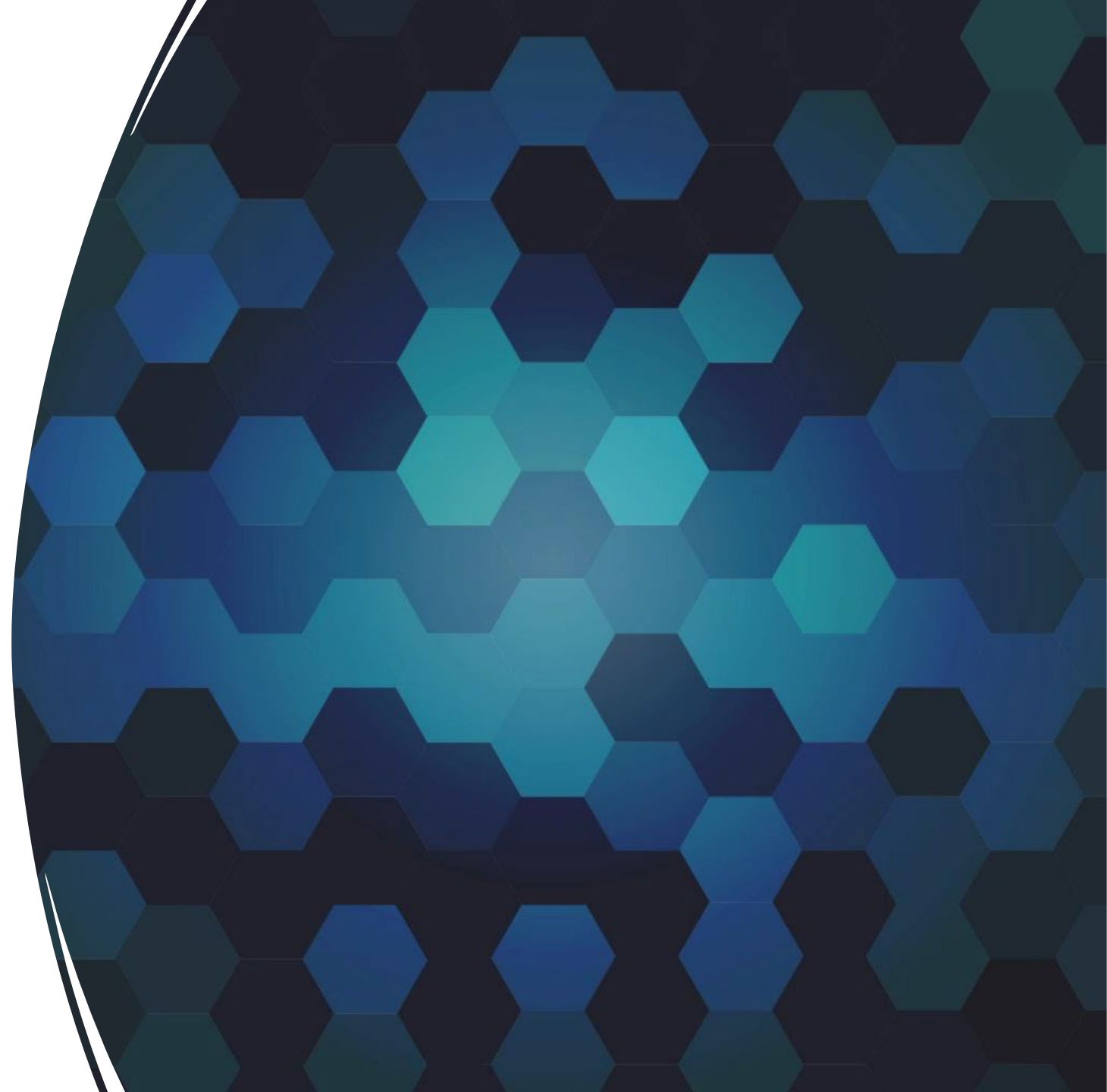


Sample Lesson Plan Templates & Related Tools.

Additional Resources.

The Partnership goal is for this Toolkit to be a practical & up-to-date resource available to all.

We invite you to submit and share materials for this Toolkit.



Questions or Comments?

